BOND NUMBER _____

ALTERNATIVE BOND IN LIEU OF MICHIGAN BASED TRUST ACCOUNT

hat
(Name of Firm or Person if Sole Proprietor)
perating as(Name of Firm)
(State of Corporation, Partnership, Limited Liability Company, or Individual)
(State of Corporation, Farthership, Elinical Elability Company, or individual)
(List Complete Address of all Office covered by this Bond)
s Principal and, a Surety Company
uthorized to transact business in Michigan, as surety, are held and firmly bound unto the People of the State of Michigan the penal sum of lawful money of the United States, to be paid (\$25,000-\$100,000)
(\$25,000-\$100,000) be the people of the State of Michigan, for which payment will and truly be made, we bind ourselves and our heirs, executors, dministrators, personal representatives, and successors, jointly and severally, firmly by these presents.
WHEREAS, the said,
(Name of Firm)
rincipal obligor herein, is filing herewith an application to the Michigan Office of Financial and Insurance Services for a license engage in the business of debt management at the office(s) listed above under the provisions of Act 148, Public Acts of 1975, as mended; and
WHEREAS, Section 15(5) of said Act 148 provides, in part, as follows:
"If the trust account described in subsection (1) is maintained at a financial institution described in subsection (1) located outside of this state, the licensee shall furnish a surety bond or irrevocable letter of credit to the people of the State of Michigan in an amount equal to or exceeding 100% of the average amount of deposits held in the trust account from month to month and in a form approved by the department."
NOW, THEREFORE, the condition of this obligation is such that if the said principal obligor herein shall faithfully account for all nonies collected upon accounts entrusted to him and his employees and agents, then this obligation shall be void, otherwise the name shall be in full force and effect.
PROVIDED, HOWEVER, in no event shall the aggregate liability of the surety under this bond for any and all claims to one or note claimants exceed the penal sum of this bond.

This form is required pursuant to Sec. 15(5) of the Debt Management Act, P.A. 148 of 1975, as amended.

to the Michigan Office of Financial and Insurance S Surety shall at the expiration of the said thirty (30) of prior to the expiration of the said thirty (30) days. If	gation hereunder by giving thirty (30) days written notice to said Previces, P.O. Box 30701, Lansing, MI 48909, in which event the liadays cease and terminate, except as to such liability of the Principathe Surety provides 30 days notice of termination of the Bond, the furnish a satisfactory new bond before the expiration of the said the	ability of the al occurring Principal, if
	,, in support of the license(s)	
issued for the term ending December 31,	·	
IN WITNESS WHEREOF, the parties hereto day of	have hereunto set our hands and affixed out seals this	_
uay 01		
	(Name of Firm)	(Seal)
	, ,	
	By(Officer, Partner, Member, or Sole Proprietor)	
		(Seal)
	BY	
	D1	

RETURN ORIGINAL BOND TO:

Office of Financial and Insurance Services Securities Section P.O. Box 30701 Lansing, MI 48909-8201



Michigan Department of Labor & Economic Growth

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.